

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 15, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Code 72295-WP (2) for date of service March 27, 2003.

II. RATIONALE

- CPT Code 72295-WP (2 levels) for date of service March 27, 2003. The requestor has billed this CPT code for 3 different levels; the respondent paid for one level (L3 to L4) and denied L4 to L5 and L5 to S1 for "G – X212 – This procedure is included in another procedure performed on this date". Per the 1996 GSDOS, pages v. and 321, this CPT code is one of the procedures listed in the generic intraoperative services included in the global service package, when surgically indicated. Primary procedure code was 62290. Therefore, reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 72295-WP.

The above Findings and Decision is hereby issued this 19th day of February 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf